

MDR Tracking Number: M5-05-1602-01

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June, 2001 and Commission Rule 133.305 titled Medical Dispute Resolution- General, 133.307 titled Medical Dispute Resolution of a Medical Fee Dispute, and 133.308 titled Medical Dispute Resolution by Independent Review Organizations, the Medical Review Division assigned an IRO to conduct a review of the disputed medical necessity issues between the requestor and the respondent. This dispute was received on 2-2-05.

The IRO reviewed office visits, therapeutic exercises, ROM measurements, and muscle testing on 5-5-04- to 6-18-04.

The Medical Review Division has reviewed the IRO decision and determined that **the requestor did not prevail** on the issues of medical necessity. Consequently, the requestor is not owed a refund of the paid IRO fee.

This dispute also contained services that were not addressed by the IRO and will be reviewed by the Medical Review Division. On 3-2-05, the Medical Review Division submitted a Notice to requestor to submit additional documentation necessary to support the charges and to challenge the reasons the respondent had denied reimbursement within 14 days of the requestor's receipt of the Notice.

Code 99213 billed for date of service 6-17-04 was denied as N, MU, 12 – provider billed for the service on same day as a physical therapy treatment; PT and rehab services may not be reported in conjunction with an E/M on the same day; documentation submitted does not substantiate the service billed. Daily note did not support level of service. Trailblazer Local coverage Determination under documentation requirements states, when both a modality/procedure and an evaluation service are billed, the evaluation may be reimbursed if the medical necessity for the evaluation is clearly documented. Standard medical practice may be one or two visits in addition to physical therapy treatment. Reimbursement beyond this standard utilization requires documentation supporting the medical necessity for the office visit. These documentation requirements were not met. No reimbursement recommended.

The above Findings and Decision is hereby issued this 1st day of April 2005.

Dee Z. Torres
Medical Dispute Resolution Officer
Medical Review Division

Enclosure: IRO Decision

Envoy Medical Systems, LP

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IRO Certificate #4599

NOTICE OF INDEPENDENT REVIEW DECISION

March 30, 2005

Re: IRO Case # M5-05-1602 –01

Texas Worker's Compensation Commission:

Envoy Medical Systems, LP (Envoy) has been certified as an independent review organization (IRO) and has been authorized to perform independent reviews of medical necessity for the Texas Worker's Compensation Commission (TWCC). Texas HB. 2600, Rule 133.308 effective January 1, 2002, allows a claimant or provider who has received an adverse medical necessity determination from a carrier's internal process, to request an independent review by an IRO.

In accordance with the requirement that TWCC assign cases to certified IROs, TWCC assigned this case to Envoy for an independent review. Envoy has performed an independent review of the proposed care to determine if the adverse determination was appropriate. For that purpose, Envoy received relevant medical records, any documents obtained from parties in making the adverse determination, and any other documents and/or written information submitted in support of the appeal.

The case was reviewed by a Doctor of Chiropractic who is licensed in Texas, and who has met the requirements for TWCC Approved Doctor List or has been approved as an exception to the Approved Doctor List. He or she has signed a certification statement attesting that no known conflicts of interest exist between him or her and any of the treating physicians or providers, or any of the physicians or providers who reviewed the case for a determination prior to referral to Envoy for independent review. In addition, the certification statement further attests that the review was performed without bias for or against the carrier, medical provider, or any other party to this case.

The determination of the Envoy reviewer who reviewed this case, based on the medical records provided, is as follows:

Medical Information Reviewed

1. Table of disputed services
2. Explanation of benefits
3. Report from carrier 3/18/05

4. RME reprt 10/21/04
5. TWCC 69 reports
6. Report 3/2/04 Dr. G
7. ESI report 5/27/04
8. SOAP notes Dr. Kamath
9. Report 1/28/05 Dr. Kamath
10. FCE reports 3/10/04, 5/1/04
11. Report 5/12/04 Ergos
12. Reports Dr. Nosnik 2004
13. MRI lumbar spine report 9/16/04, 1/7/04
14. Reports 8/26/04, 10/25/04 Dr. W.
15. TWCC work status reports
16. Treatment notes and exam forms Dr. Erwin
17. Initial report 10/6/03 Dr. Erwin
18. Treatment notes Dr. Loehr
19. Treatment notes Dr. Plate
20. Report 10/13/04
21. Electrodiagnostic studyreport 10/13/04
22. Office visit notes

History

The patient injured his lower back in ____ while lifting a tool box. There have been numerous medical evaluations. An electrodiagnostic study was performed. The patient was treated with medication, epidural steroid injections, physical therapy, chiropractic care and therapeutic exercises.

Requested Service(s)

OV, therapeutic exercises, ROM measurements, limb muscle testing-manual, 5/5/04 – 6/18/04.

Decision

I agree with the carrier's decision to deny the requested services.

Rationale

The patient received an extensive amount of passive and active therapy prior to the dates in dispute. Some services in this dispute were performed after a lumbar ESI was performed on 5/27/04, other services included active therapy for three weeks prior to the ESI. Both active therapy and the ESI failed to be of any lasting benefit to the patient. Dr. Parker reported on 10/13/04 that the patient stated that, "injections and therapy have not been helpful." There is no indication in the notes provided for this review that any form of treatment has given any lasting, objective improvement. Even subjective pain complaints did not appear to be appreciably affected, despite the ongoing treatment.

The records provided do not give any indication that any of the treatment or services cured or relieved the affects of the injury. There was no indication of a gradual transition to a home-based program. In the absence of documented objective and subjective benefit, the medical necessity of the services in dispute was not established.

This medical necessity decision by an Independent Review Organization is deemed to be a Commission decision and order.

Daniel Y. Chin, for GP